

## TRANVESTITISM AND TRANS-SEXUALISM

### A STUDY OF 50 CASES

BY

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Transvestitism is the impulse to wear the clothing of the opposite sex, and was given this name by Hirschfeld (1910). Ellis (1936) described the condition as a state of psychosexual inversion and called it *eonism*, after the Chevalier d'Eon, a French diplomat at the Court of St. James, who lived as a woman for much of his life. Trans-sexualism is the term used by Benjamin (1954) to describe the wish to change the anatomical sex. The nature of the condition suggests that transvestite and trans-sexualist individuals are predominantly homosexual in orientation and behaviour, and the following report on 50 such patients offers an opportunity to examine this possibility and the aetiological factors involved in the production of such deviate behaviour.

Norwood East (1949) stated that the desire to wear the clothes of the opposite sex was widespread. He did not indicate the frequency of its occurrence, but believed it to be more common than is realized. Transvestites proper were defined as those men who obtained sexual gratification from dressing as, and pretending to be, women; he found that in appearance, manner, and interest they appeared to be more feminine than masculine, but also remarked that some male homosexual prostitutes wear the clothes of the female sex to vary or enhance their attractiveness to men. The practice of cross-dressing is also found as a cultural variant in primitive societies; for example, Seward (1954) describes it as occurring among the Mohave Indians of North America, and also in the Iatmul people of New Guinea. Krafft-Ebing (1916) cites a report of similar behaviour found by Holder in the Montana Indians. The term transvestitism is not intended to include the wearing of the clothes of the opposite sex for theatrical purposes, burlesque, or disguise. In transvestitism the clothes or the wearing of them may provide an end in itself; they are usually endowed with sexual significance, and the act of wearing them may provide the sole form of sexual expression or outlet. The condition occurs in both sexes, though male patients come to notice more often as current fashions in female clothing permit transvestite women to wear garments which have male characteristics without undue attention being drawn to the transvestite act. Wearing the garments of the opposite sex is forbidden for both sexes by Mosaic Law (Deuteronomy xxii. 5).

*Clinical Material.*—The patients in the present survey comprise 37 males and 13 females. Many of these patients were referred from the endocrine clinic at Charing Cross Hospital, and were seeking operations "to change their sex" or advice on their problems.

#### Male Patients

##### Civil Status

Table I shows the civil status of the patients, and it will be seen that of 37 male patients 15 were married, two divorced, and four separated, so that 21 had

achieved marital status. The preponderance of married over single men appears to indicate that the transvestite impulse cannot be equated in all cases with a lack of attraction to the female sex, and in these 21 men there had been adequate impulsion towards heterosexual

TABLE I.—Civil Status

	Transvestite		Trans-sexualist	
	Issue	No Issue	Issue	No Issue
<i>Males</i>				
Married .. ..	7		5	3
Separated .. ..	1		2	1
Divorced .. ..			1	1
Single .. ..	1	7		8
<i>Females</i>				
Married .. ..	1		1	
Separated .. ..			1	
Divorced .. ..				2
Widowed .. ..		1		
Single .. ..		2		5

relations in the male role, though two had married for "non-sexual" reasons. Four of the unmarried men lived an unusual variety of Lesbian relationship with older women. There was no heterosexual intimacy in these four cases; one of the patients living in this manner had achieved castration by a Continental surgeon.

#### Sexual Orientation

The sexual practices of the 21 married, separated, and divorced men varied from normal heterosexual relationships in the masculine role to homosexual fantasy; no married man had indulged in overt homosexual relationships, though this had occurred in 14 of the homosexually orientated males. Seventeen of the married, divorced, or separated men had fathered children.

Table II shows the sexual orientations of the 37 male patients assessed on the Kinsey scale of male sexual behaviour (Kinsey, Pomeroy, and Martin, 1948).

TABLE II.—Sexual Orientation (Male Patients) on Kinsey Scale

	Kinsey Rating						
	0	1	2	3	4	5	6
Transvestite .. ..	3	3	4	1	1	—	5
Trans-sexualist .. ..	—	2	9	4	—	—	5
Total .. ..	3	5	13	5	1		10

Fantasy and dream content were not taken into account in making these assessments; overt and admitted behaviour was considered a more reliable indication of actual sexual behaviour. Plichtet (1955) had noticed selective memory in history-taking, and males requiring castration and change of sex frequently emphasize memories which indicate early feminine orientations to the exclusion of other more normal anamnestic content. These wish-fulfilling selected memories often form the basis of the demand for "sex-change." The possibility that latent homosexual trends might be present in any or all of the patients in this group is not excluded; many psycho-analytically orientated psychiatrists believe that such tendencies exist to some degree in all adults. Seven heterosexually orientated males wished to have castrating operations.

Table III shows the frequency and type of transvestite behaviour practised by these patients. Eight males were persistent and constant in their transvestite habits; they appeared habitually in women's clothes or in garments of such a type as to lead others to regard them as

female, and cosmetics were usually worn as part of the general assumption of female dress and appearance. Five men lived wholly as women and three others assumed a female role whenever this was possible. Eight men had appeared in public as female impersonators at some time in their history; four of these impersonators had been on the professional stage. The low incidence of professional female impersonators

TABLE III.—*Frequency and Type of Transvestite Behaviour*

	Males	Females
Persistent .. .. .	8	5
Frequent .. .. .	12	6
Occasional .. .. .	6	2
Incidental to homosexuality .. .. .	7	In all cases except 1
Partial transvestitism .. .. .	4	

in the series suggests that such performers do not regard their behaviour as needing elucidation or treatment. On the other hand, many transvestites envy female impersonators the opportunity of appearing publicly as women. The four professional impersonators were, however, bored with the burlesque and deceptive aspects of their performances, preferring to be taken for veritable females; they all disliked the stage convention that the true sex should be revealed at the end of their performance. Twelve were less persistent in their cross-dressing but dressed as women as often as occasion permitted. Three men showed this behaviour very infrequently. In seven of the male patients (two psychopathic personalities and five homosexuals) transvestitism was an incidental and secondary manifestation. Partial transvestitism occurred in four male patients who for lack of opportunity wore only certain specific items of female attire, and in two other males a particular female garment appeared to constitute a true fetishistic object.

#### Occupations

Table IV shows the distribution of the cases into social class. There is a relatively higher incidence of the condition in the male professional group; one

TABLE IV.—*Occupations (According to the Registrar-General's Classification of Occupations)*

Social Class	Males	Females
I	2	—
II	8	—
III	8	6
IV	12	5
V	7	1
Unknown	—	1

medical practitioner, one member of the legal profession, two schoolmasters, and five professional engineers fell into this category. Four men had worked as waitresses, two being undetected in their impersonation; two others performed work normally undertaken by women; and three were in the employment undertaken by either sex.

#### Physical Characteristics

No case in the male series showed dysplasia of genitalia or major anatomical indication of femininity. Somatotyping was carried out in a number of patients, but gave no clear indication of female habitus or body build, though three had a very feminine facial appearance and were slightly built. The majority of the male patients were unmistakably masculine in appearance. Ketosteroid studies showed no abnormality, and buccal smears, where examined, showed male chromosomal structure.

#### Age at Onset

The onset of the transvestite impulse was almost always before the tenth year. The age at interview ranged from 16 to 50.

#### Personality Factors and Psychiatric Treatment

Table V shows the analysis of personality factors and psychiatric conditions occurring in the male transvestites and trans-sexualists. It will be seen that many of these

TABLE V.—*Personality and Psychiatric Assessments*

	Males	Females
Psychopathic personality .. .. .	5	1
Obsessional .. .. .	11	2
"    neurosis .. .. .	4	—
Homosexuality .. .. .	12	9
Depressive state .. .. .	1	1
Other .. .. .	4	

patients showed obsessional personality traits; it was found repeatedly that compulsions to acquire and to wear women's clothes were present. Many patients reported a feeling of great contentment and relaxation when wearing female attire; some described the impulse as an omnipresent torture. In several cases the relatives of transvestites reported that the patients were kinder and more considerate when dressed as women. They enjoyed feminine tasks, helping their wives with cooking, housework, and other domestic tasks, or merely sitting around playing the feminine role. There was frequent assertion that a mistake had been made in the original attribution of sexuality, and this was justified by drawing attention to the (often assumed) feminine psychic orientations. In seven cases this psycho-sexual inversion was very marked. These ideas were held with obsessional strength, and, despite repeated explanation of the genetic, anatomical, and endocrinological basis of sexuality, such fixed ideas persisted, though their illogicality was accepted intellectually by the patients.

These obsessional personalities were preoccupied with thoughts of cross-dressing, of feminine activity, and fantasy of transvestite acts and opportunities. One man claimed that the desire to be female, and thoughts concerning transvestite behaviour, had seldom been out of his mind since the age of 8; several others made similar statements, commenting that these thoughts disappeared only when they were engaged in work requiring close attention. It was more common to find that the transvestite behaviour was phasic, and such variation of impulse is a common finding in obsessional states. Overt obsessional neurosis existed in four of these male patients, and three had been incapacitated by neurotic breakdown. A powerful desire to be seen in female clothing and the wish to be taken for a female were often present, despite obvious male sex and grotesque appearance. This indicates a strong exhibitionist tendency; and in fact only one man had not been seen by others when wearing female attire.

The trans-sexualist patients wished to assume the female role as completely as possible. They demanded castration and plastic surgery for the creation of female characteristics in the external genitalia, the formation of an artificial vagina, and mammoplasty. Two male patients have managed to secure this surgical intervention, and two others are awaiting such operations, having secured support for their view that they are so manifestly lacking in masculine traits, and so feminine in appearance, manner, and speech, that this step is

logical. A diagnosis of psychopathic personality was made in five cases; two of these patients had been in gaol; one was a psychopathic recidivist, and the other had been found guilty of importuning and masquerading as a woman. Others showed antisocial behaviour of serious degree in addition to the transvestite or transsexualist impulse. Three of these psychopathic individuals were practising homosexuals.

In two cases there was a family history of transvestitism unknown to the patients at the time of the onset of their own impulses. One man made an unsuccessful attempt at suicide, and one psychopathic patient committed suicide during a phase of severe anxiety and depression arising from hypochondriacal fears unrelated to his transvestite impulses. Four men had separated from their wives, and two had been divorced. The wives of two of the married transsexualist patients were willing to permit the castrating operation in order to please their husbands and to help them attain their desire. Several other wives accepted their husbands' contention that they were changing their sex and were willing to live with them on a sisterly basis. The attitude of the wives varied from abhorrence, perplexity, superstitious horror, and indifference, to sympathetic aid and understanding. Sympathy for the clinical condition as a personal problem was predominant, but such permissiveness provided opportunities for the exhibitionist tendency.

#### Female Patients

Thirteen female transvestites were seen; all had practised transvestitism and 10 wished to be masculinized. Their ages ranged from 20 to 44 years. Two were married, two had been divorced for desertion, one was a widow, and one other woman was separated from her husband. One of the married women frankly admitted that she married for security at the age of 44. One described her husband as effeminate. Two women had living children and another had miscarried. As in the male series, the onset of the transvestite impulse was early, usually before the age of 10 years. When children, their behaviour was tomboyish; they played with boys' toys, preferred boys' games, and often elected to wear shorts and jeans rather than dresses and other essentially female attire. There was no evidence of genital dysplasia or male anatomical conformation, but four women were quite masculine in appearance when wearing male dress and could be mistaken for men. Ten dressed their hair in short masculine style and wore clothing of severe masculine cut, or male garments having the male conventions for buttons, etc. Two dressed normally and attractively as females, one being an Indian woman who usually wore a sari.

*Sexual Orientation.*—With one notable exception, the female patients were homosexually orientated. These 12 women had experienced homosexual attachments, and the wish to take the male role in sexual intimacy with a Lesbian partner was the predominant and expressed reason advanced by those who wished for transsexualization. The sole heterosexually orientated woman was both transvestite and transsexualist; she presented the unusual pattern of heterosexual seduction by a male transvestite (not her husband). At first revolted by the deviate practices into which she was initiated, she became conditioned to experience orgasm in such acts, and attempted without success to secure her husband's co-operation in similar behaviour.

Depression supervened and she made three unsuccessful attempts at suicide. She is an attractive woman and has one child.

*Occupation.*—Two of the females were dependent as wives; the remaining 10 were distributed almost equally between the unskilled, skilled, and clerical occupations. The social class of one was unknown.

*Personality Factors and Psychiatric Assessments.*—Two women had strongly obsessional personalities, and both had developed severe depressive illnesses with suicidal tendencies. Obsessional patterns also occurred in a woman tracer. The widowed patient presented as a case of anxiety state arising from frustrated Lesbian experience. Two other women appeared to be primarily psychopathic personalities.

#### Discussion

The psychological implication of these conditions have been assessed differently by various writers on the subject. In "Any Questions" in the *B.M.J.* of August 3, 1957 (p. 309), transvestitism was stated to have features of homosexuality, fetishism, and exhibitionism; it was suggested that transvestites were nearer psychosis than other perverts, and that some were, in fact, schizophrenics. This attitude had been advanced by Krafft-Ebing (1916), who considered that transvestitism was a state of transition towards paranoia sexualis. Wiedeman (1953) expressed the view that the castration impulse might be a symptom of an underlying schizophrenic process, and commented that transvestites presented the picture of an especially complex sexual deviation showing features of fetishism (over-evaluation of female clothing), homosexuality (desire to be a woman), exhibitionism (desire to show themselves as women), and masochism (as exemplified by the persistent desire for castration).

Fenichel (1945) suggests that the transvestite man supplants his love for the mother by identification with her and that the fetishistic components compel him to deny castration anxiety, so that the fetish represents the mother's penis, and he becomes the "penile woman." He explains the tendency to exhibitionism as the desire to demonstrate the symbolic penis and stated that narcissistic regression in these cases exceeded that found in homosexuality. In his view, female transvestites played a male role and wished to be identified with the father, having created the illusion that they had, in fact, a penis. East (1949) reports that the compulsive desire towards transvestitism might go as far as burglary and other crime in order to achieve the act. East considered that it was important to distinguish the transvestite from the homosexual, as transvestites often pass their lives showing no signs of sexual interest in their own sex. Peabody, Rowe, and Wall (1953) agree with East's definition of transvestitism and state that normal behaviour may include a lesser degree of this manifestation. They underline its relationship with fetishism, the fetish being regarded as the penis substitute.

Vague (1956) described three transvestites who were considered to have feminine endocrine and anatomical features. In only one of his cases does this view seem to be justified on the evidence quoted, as only one man had a body habitus approaching the female. Intersexuality is also advanced as a cause of transvestitism in a case reported by Gardien-Jourd'heuil and Gardien (1948).

Worden and Marsh (1955) failed to discover abnormal gonadal status in transvestite patients. They point out that the sense of being "male" or "female" is not a simple function of some biological endocrine or other factor, but is, on the contrary, a complex psycho-biological project. They believe that such patients are in conflict over strong but unacceptable sexual urges and feel threatened by all sexual activity, whether hetero-, homo-, or masturbatory. They regard such patients as shallow and immature and as having a grossly distorted concept of what a female is like socially, sexually, anatomically, and emotionally, and hold that for trans-sexualists the idea of castration represents an escape from sexual impulses rather than a wish for female sexual life. The transvestite, however, wishes to conserve the male organ. Ostow (1953) expresses an opinion very similar to this. Hamburger, Stürup, and Dahl-Iversen (1953) state that the terms transvestitism and eonism should be reserved for those men who have a rooted and irresistible feeling of being a woman. They believe that the condition is constitutionally determined and that some eonists are intersexes of the highest degree.

Plichet (1955) stresses the narcissism and the need for reassurance, affection, and approval found in these patients, and states that male transvestites wish to assume the favoured sexual position accorded to females in the modern world. He points out that the feminine identification is usually superficial, and comments that the desire of these patients for castration is incongruous with the psycho-analytical theories of fear of castration as an explanation for the condition.

Benjamin (1954), attributing the condition to infantile trauma, with fixations or arrested emotional development, postulated three types of transvestites: (1) Primarily psychogenic: anatomically male, they assume female identity and manner. (2) The intermediate type: the female appearance and orientation is often striking in these cases and they are regarded as psychic hermaphrodites, whose skeletal measurements may be eunuchoidal. (3) Somatopsychic transsexualism: these patients have a feminine appearance and orientation, with a greater degree of constitutional disturbance.

Vague (1956) describes the condition as an obsession and emphasizes the predominance of Lesbian behaviour in female cases. In rejecting psycho-analytical and other explanations he states that the cause is not known.

### Conclusions

Certain constant features appear in the 50 cases reported above. In almost every case the onset of the transvestite or trans-sexualist wish was at an early age — usually before 12 years. There was a slight preponderance of married as opposed to unmarried men in the male series, and heterosexual relations occurred regularly in this group. The practice was found in all classes of men and women, though there seems to be a relatively higher occurrence among professional men. The majority of patients wished to wear the total clothing of the opposite sex, only four being partial transvestites. This suggests that transvestitism and transsexualism constitute a very complicated example of fetishistic behaviour, as partial transvestitism seems more akin to a simple fetish, in which a single item of clothing or other article is chosen as the fetish object. Almost all transvestites wish to appear in public in their assumed

attire and to be accepted as a member of the adoptive sex. This tendency seems to be more pronounced among the male patients, and has an obvious relationship with exhibitionism. The craving for humiliation in female garb—in menial tasks or in subjection to a woman—indicates a masochistic trend in some male patients, and the demand for castration (or mastectomy in the females) echoes this masochism.

Two distinct groups of patient emerge.

1. *The homosexual males and nearly all the female patients investigated*; most of these patients demand transsexualization. This group appears to be primarily homosexual, and the transvestite urge a modification of the homosexual drive. These patients often rationalized their homosexual inclinations by claiming that they were undergoing physical metamorphosis which indicated a "change of sex." Such beliefs were found in patients of both sexes.

2. *Obsessive-compulsive Group*.—The impulse to wear the clothing of the opposite sex occurred as part of basic obsessional personality. This group was heterosexual in orientation; for such patients the clothes and the wearing of them provided the fetish object and aim for sexual satisfaction. These transvestite acts were often accompanied by, or were an adjunct to, heterosexual relationships. These individuals often experienced compulsions to practise and to fantasy transvestite behaviour; suffering, instead of gratification in the transvestite compulsion, is often experienced in these patients, who live the whole of their lives in the shadow of the impulse and in whom suicide may occur. Fernichel (1945) believes that "perverts" are compelled to like their perverted acts, whereas compulsive neurotics are tortured by their compulsions. There is little difference between these concepts, as both types of activity can be interpreted as manifestations of basic sexual drive. Despite the nature of this behaviour it appears that the desires of this group of males to wear female clothing is not identified with homosexual orientation.

No convincing evidence of anatomical intersexuality was found in any patient in the whole series. Thought disorder in the schizophrenic sense did not appear, and the occasional delusion of shrinkage of unwanted organs and change of stature appeared to be motivated interpretation and fantasy. The condition is to some extent associated with other forms of psychopathic behaviour. A characteristic attitude was the self-conscious assumption of idealized and wish-fulfilling concepts of masculinity or femininity, the subsequent use of this assumption to justify the practices, and the demand for surgical intervention, which is seldom, if ever, justified.

### Summary

Current definitions of transvestitism and transsexualism are outlined, and reference is made to the occurrence of these conditions in different cultures. A group of 50 cases (37 male and 13 female) is described and analysed from the point of view of civil status, occupation, sexual activity, and psychic content. Their behaviour pattern is described and the absence of abnormal physical characteristics noted. Leading views in the literature are discussed. It is concluded that the case material reveals two predominant groups: (1) homosexual, and (2) obsessive-compulsive. The second group is found to be proportionately larger among the male patients. It appears that homosexuality is not necessarily present in every case of transvestitism.

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## DISTURBANCE OF MOTOR FUNCTION DURING TREATMENT WITH IMIPRAMINE

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Imipramine hydrochloride ("tofranil"; N-γ-dimethyl-aminopropyl-iminodibenzyl hydrochloride) has recently been introduced into psychiatric practice. We have been using it for treatment of depressive illnesses and have observed some beneficial results. Some patients, however, have suffered side-effects of such a nature as to preclude further administration of the drug. It has been stated that side-effects are of minor consequence (Kuhn, 1958; Azima, 1959). It is our purpose to draw attention to other side-effects which have led to undesirable consequences even when patients have been under close supervision in hospital.

It would appear that incoordination of motor activity may be produced by the drug when used in therapeutic dosage. In our cases this has presented as falling, dysarthria, and coarse tremor. This may well be a manifestation of the dystonic type of motor disturbance already described by us (Lancaster and Foster, 1959) for imipramine and by Montgomery and Sutherland (1959) for perphenazine.

The following case reports are illustrative of these disturbances. The patients are predominantly female, as we personally deal largely with female patients.

### Case Reports

**Case 1: Endogenous Depression.**—This patient, a woman aged 72, was the one responsible for drawing our attention to this type of symptom. She suffers from recurrent depressive episodes, and had previously been treated by electric convulsion therapy (E.C.T.) with much benefit. In this episode it was decided to give imipramine, and a course was begun, starting with 25 mg. b.d. and increasing by 25 mg. a day to 75 mg. t.d.s. After a few days she was reported to have fallen several times. She said that she

"fell backwards" and, indeed, was observed to do just that. She would take several paces backwards and then fall down. One was reminded of the retropulsion of Parkinsonism. No rigidity or other signs to suggest this were found. Fortunately, although she fell down several times, she escaped injury other than bruising. She also complained of the previously described side-effects of dryness of the mouth, sweating, and constipation. She denied that there was any feeling of faintness, giddiness, or dizziness which might have suggested hypotension, and no alteration in the blood-pressure was observed. The drug was stopped in view of this disturbance and E.C.T. was given instead. There were no further episodes of falling, and she made an excellent recovery.

**Case 2.**—This woman, aged 69, was under treatment for endogenous depression—the fourth occasion since 1951. She also was observed by the nursing staff to "fall backwards." The patient described this as "losing my balance and going down backwards." It happened on several occasions. On one occasion she was staring rather vacantly out of the window, suddenly lost her balance, and fell over backwards. This patient is of special importance in this connexion, since while this paper has been in preparation she has continued to have imipramine 50 mg. t.d.s. Unfortunately, she has fallen again, and this time has suffered a fracture of the neck of the right femur.

**Case 3.**—A woman aged 55, with involutional depression. She was given imipramine to 50 mg. t.d.s. Two days later she complained bitterly of "pins and needles" in the arms and legs and of a dry mouth. A gross tremor of the hands and feet occurred, without rigidity. She slipped and fell on the fourth day of treatment and has to hold the bannister rail. She feels tottery, but denies any feelings of faintness or giddiness.

**Case 4.**—A woman aged 72, with endogenous depression. She is a diabetic, and has been a resident in the hospital for two years. She has poor eyesight, with a cataract in the right eye. She tends to become recurrently depressed and has been treated by modified E.C.T. This time imipramine was given in small doses—25 mg. t.d.s. Four days later she fell in the ward and suffered a fracture of the neck of the right femur.

**Case 5.**—A woman aged 72, with endogenous depression. Previously she had been treated with modified E.C.T. She relapsed within two months of leaving hospital in December, 1958. Treatment with imipramine was carried to quite high dosage and then reduced to 25 mg. t.d.s. She became a little brighter and less depressed, but E.C.T. was given subsequently. She developed a slurring dysarthria and a grossly ataxic gait, so that she had to be constantly attended by the nursing staff. Imipramine was withdrawn and the dysarthria and ataxia cleared up. Modified E.C.T. was continued and a good recovery made. Social factors are solely responsible for her further stay in hospital.

**Case 6.**—A woman aged 56, with endogenous depression. A long-stay patient living in the same villa for years. Imipramine was given for a depressive episode. She fell twice during treatment—bruises and abrasions only. The first time she slipped and fell while out walking. The second time she described how, while going upstairs, she felt paralysed, felt she had no control over her legs, and fell downstairs; she felt weak and shaky and her face began to sweat. She did not faint, however, and when seen by the nursing staff within a few moments was fully conscious.

**Case 7.**—A woman aged 47, with endogenous depression. An acute depressive illness. Given imipramine. Describes how she felt "giddy and faint" and fell "sideways on to the grass."

**Case 8.**—A man aged 49, a case of endogenous depression. He fell while in the "toilet" and suffered a fractured ankle while receiving imipramine in doses of 50, 50, and 75 mg. a day.

**Case 9.**—A woman aged 54, with involutional depression. Was treated once by modified E.C.T., then relapsed.